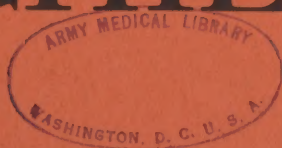


no. 11



# YOUR PRESCHOOL CHILD



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

## BOOKS FOR PARENTS

- HEALTHY CHILDHOOD by Harold C. Stuart, New York: Appleton-Century, 1933, 420 pp., \$2.00.
- GROWING UP by Karl DeSchweinitz, New York: Macmillan, 1928, 111 pp., \$1.75.
- THE CHILD FROM ONE TO TWELVE by Ada Arlitt, New York: McGraw-Hill, 1931, 228 pp., \$2.00.
- THE YOUNGEST OF THE FAMILY by Joseph Garland, Cambridge: Harvard University Press, 1934, 293 pp., \$2.50.
- THE ROAD TO ADOLESCENCE by Joseph Garland, Cambridge: Harvard University Press, 1934, 293 pp., \$2.50.
- BUSY CHILDHOOD by Josephine C. Foster, New York: Appleton-Century, 1933, 303 pp., \$2.00.
- HAPPY CHILDHOOD by John E. Anderson, New York: Appleton-Century, 1933, 321 pp., \$2.00.
- EVERYDAY PROBLEMS OF THE EVERYDAY CHILD by Douglas A. Thom, New York: Appleton-Century, 1930, 350 pp., \$2.50.
- BIG PROBLEMS ON LITTLE SHOULDERS by Carl and Mildred Renz, New York: Macmillan, 1934, 129 pp., \$1.50.
- CHILD CARE AND TRAINING by Faegre and Anderson, Minneapolis: University of Minnesota Press, 1929, 274 pp., \$1.25.
- FOOD FOR THE YOUNG CHILD by Miriam E. Lowenberg, Ames, Iowa: Collegiate Press, Inc., 1934, 142 pp., \$1.50.
- PLAY APPARATUS by the Children's Bureau, Washington, D. C.,—(for preschool children)—10c.
- HOME-MADE TOYS by Massachusetts Extension Service, State College, Amherst, Mass. (no charge).
- THE BABY'S FIRST TWO YEARS by Richard M. Smith, Boston: Houghton, 121 pp., \$1.75.

Your State Department of Public Health will be glad to furnish free all of its publications relating to child care. Address the Massachusetts Department of Public Health, Child Hygiene Division, 1 Beacon Street, Boston, Mass.



# YOUR PRESCHOOL CHILD

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## *To Fathers and Mothers:*

Your child is now a year old. He is no longer "just a baby." You have taken the best care of him you knew how during the first year and you know much more about babies than you did a year ago. Yet you realize there is still more you need to know in order to help him to grow into a healthy, normal child, ready for his next great adventure which will be "going to school." This little book, like the first one "Baby and You," has been written to help you to take just as good care of your child from one to six years as you did during his babyhood.

The baby receives a large amount of attention and the school child has the benefit of all the efforts now being made to bring good health teaching into the schools. But we have not, even yet, quite realized how important the preschool years are. During this time both physical and mental growth are rapid, impressions are vivid, habit-forming is constant. What the child learns during these years helps or hinders him all his life even though he may not remember much about it. The home and the people in it make up his world almost wholly until he enters school and what that home is and what goes on in it affect him deeply in every possible way.

## GROWTH AND DEVELOPMENT

The things we need to remember most often are that children are constantly growing, that growth always means change and that no two children, not even children in the same family, are alike. What helps one child may hinder another. Every child has to be studied by himself no matter how much he seems to resemble his brothers and sisters. Two little sisters of five and six looked so much alike that the physician who was examining them said to the mother, "Are they as much alike as they look?" And the mother replied, "No, indeed, it is only skin deep! Two more different children you couldn't find."

Occasionally the child seems to change overnight. The toys he enjoyed are now too young for him; he suddenly wants to do all sorts of things he has never wanted to do before and parents have to be ready to meet such sudden changes with patience and wisdom.

The table on page 3 is a brief summary of the physical growth and common activities of the average healthy child during the years

from one to six. There are, of course, many variations. If your child should be a little behind the average do not worry; he will soon catch up if he has freedom to grow, but be sure he is not held back by unnecessary sickness and neglected defects and lack of opportunity.

## THE CHILD'S SURROUNDINGS

You want your baby to be born in a town where there is clean water, clean safe milk, and clean, well-cared for homes, where fresh air, sunshine and good food are possible for every child. You already know how important healthy parents are to the baby and how important prenatal care of the mother is. It is just as important for the older child to have parents who are well and a home that is clean, comfortable and well managed.

The small child suffers from many diseases and defects that could be almost wholly prevented if we used all the knowledge we have today. For example, immunization prevents diphtheria, yet a number of children under six years die from diphtheria in Massachusetts every year. If every child in the state were immunized these deaths could be prevented.



# ACTIVITIES

Habits: Bowel control good and beginning to learn bladder control.  
Development: Holds a cup while drinking; uses a spoon; walks alone; climbs stairs; explores cup-boards, etc.; points to nose, eyes, etc.; obeys orders like "Give it to me," and responds to familiar phrases; looks at books; names objects and pictures; uses adjective-noun phrases; seeks help in trouble; scribbles with a big pencil; pokes fingers in holes; puts a block in a hole; plays alone—imitates simple acts.

Habits: Bladder control during the day.

Development: Includes others in play; piles blocks; puts pegs in a board; likes to play in sand, filling and emptying; throws and tries to catch ball; puts toys away; runs well; gets up and down on floor without holding on; pulls off stockings and helps with dressing and undressing; feeds self—spilling some; uses simple sentences.

Habits: Complete control of bowels and bladder. Washes hands and brushes teeth.

Development: Strings beads; draws and pastes pictures; builds bridges; carries on conversation (uses pronouns, past tense and plural number); knows own name; very active in running, jumping and climbing; good balance, tries to dance to music and sing; concentration fair (interest change); unbuttons big buttons; puts on shoes.

Habits: Cares for clothes at toilet; can cut food fairly well.

Development: Plays with several children; imaginative play; cuts out pictures; likes stories repeated; better concentration; able to differentiate colors.

Habits: Goes to toilet alone; dresses and undresses without help.  
Development: uses knife and fork; tells fantastic stories; draws pictures in detail; likes to pretend and dress up; skips and dances; climbs ladders and trees; turns somersaults; throws a ball well; concentration (likes longer stories); wishes to learn to read; repeats verses.

12 to 14

20 to 29  
19 to 29

Boys 28 to 35  
Girls 28 to 35

18 months

16

22 to 32  
21 to 31

Boys 30 to 37  
Girls 30 to 37

2 years

20

26 to 36  
25 to 35

Boys 33 to 40  
Girls 33 to 40

3 years

20

29 to 41  
29 to 40

Boys 35 to 43  
Girls 35 to 43

4 years

20

32 to 45  
31 to 42

Boys 37 to 45  
Girls 36 to 44

5 years

## BUILDING PERSONALITY

Your baby is now a year old. His habits of eating and sleeping are formed to a considerable extent. He has been learning, too, how to get what he wants. If he has started any undesirable habits, now is the time to change them, for every day you delay his training, the harder it will be for him and for you. Babies and little children are so interesting that it is often hard for parents and adoring



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relatives to see anything undesirable in the things they do. It is a constant temptation to show them off. Before we realize it, we have a baby or small child who is unhappy if he is not the center of attention every waking minute. Treating the baby or runabout in a kindly, matter-of-fact way from the beginning is better for him than constantly talking about his cute ways before him. "But," you say, "he can't understand." He does not understand words, it is true, but he understands quite clearly the feelings of his elders. He knows very well when they are pleased or displeased with him.

Soon, usually between the second and third year, the child begins to realize himself as a person and begins to assert himself. Perhaps, he will start the "No" habit, saying "No" to every suggestion. Maybe some morning he will decide not to eat his breakfast. A wise mother will remove it quietly and let him go to his play. She will not, however, give him anything but a drink of water or a small piece of fruit until the next meal, no matter how hungry he gets or how hard he teases for a lunch. In this way he will soon learn, without any great fuss, that "No" does not pay where meals are concerned.

If a child tries having a temper tantrum to get his own way, he should be put by himself and ignored until he recovers. If he is allowed to succeed in getting what he wants by having a temper tantrum, endless difficulties arise. A Minneapolis society offers this excellent advice:

- When you refuse, refuse finally.
- When you consent, consent gladly.
- When you punish, punish good-naturedly.
- Praise often.
- Scold never.

Parents find these simple rules very effective.



There are some fundamental characteristics that are of utmost importance in laying a groundwork for character. Perhaps the most important are obedience, self-reliance, honesty, and consideration for others. No child is born with these traits. They all have to be acquired, and wise parents begin early to instill them, first, by example and then by direct teaching.

Responsibility develops self-reliance. For example, let your child try to dress and undress himself as soon as he makes any attempt to do so and expect him to do this and other things within his power as rapidly as he is able. In this way he learns to be responsible and self-reliant. It is really just a matter of letting your child grow up. Do not keep him a baby by feeding him, dressing him, etc., when he is able to learn to do those things himself.

Honesty and consideration for others are, we believe, learned more from example than otherwise, especially at this early age. Remember little children understand much more than we think they do. They are keen observers and the greatest of imitators. If father or mother tells "white lies" they quickly get the habit. If they daily see lack of courtesy and kindness between their parents or other members of the family, it will be very difficult to teach them to act otherwise themselves. In fact, parents have to show every day just the virtues and good habits they want their children to possess. It is a hard job, but the results more than pay for the effort.

## DISCIPLINE

Obedience is essential in the successful running of a home and family, but parental rules should be as few and simple as possible. Suggestions for good discipline are:

Father and mother should agree on discipline. Try to understand why your child acts as he does.

Give few commands. Be sure they are necessary. Then stick to them.

Expect good behavior.

Praise good behavior.

Use praise to encourage good behavior and vary the amount according to the needs of the child.

Be sincere.

Praise the child for something he had tried hard to do.

Deprive—take away something which gives the child pleasure, do not replace or allow a substitute.

Ignore—overlook actions if they are done for attention, such as temper tantrums, etc.

Isolate—put the child in a room by himself until he is ready to behave.

Never use the following:

Threatening

Bribing

Nagging

Scolding

Shouting

Arguing

Beating

Whipping

Frightening

Avoid putting your child to bed as a punishment.

Do not take food away as a punishment.

Bed and mealtimes should be pleasurable experiences.

## FAMILY ATTITUDES

Train your child's emotions as well as his mind and body.

Let every child feel he is important in the family.

Allow your child to make choices for himself as a step in growing up.

## PREVENTION OF DISEASE AND DEFECTS

The following things can help prevent disease and defects in young children to a very great extent:

Proper feeding.

Cleanliness.

Protection from disease—especially diphtheria, smallpox, children's diseases, and colds.

Regular medical and dental examinations.

Prompt correction of any defects found by the physician or dentist.

**Proper feeding** is the first step in prevention. Clean milk, clean water, clean food and a well-balanced diet are essential to health; also good habits of eating are very necessary.

**Cleanliness** is a very great factor in child health. The regular bath daily, if possible; always washing the hands before touching food and always washing the hands after going to the toilet are important habits.

Clean hands, clean food, clean dishes, clean clothes, are four things that do actually help to prevent sickness.

Cleanliness helps, especially to prevent infections. A clean home and a clean community are every child's right.



**Protection from Smallpox and Diphtheria.** You have learned that every well baby before a year old should have immunization to



protect him from diphtheria, and vaccination to protect him against smallpox. If for any reason you have not had this done, do not delay any longer but arrange with your physician to have both of these things done now. There are so many diseases from which we cannot protect children that we feel it is very wrong to neglect these two measures.

## **Colds**

We can prevent colds to some extent by keeping children well and rested, by having them play out-of-doors all the time it is possible, by feeding them correctly, and when colds are prevalent in the community, by keeping them away from all people who have colds, either in the home or in crowded places, such as stores and movies. Parents or older children who are subject to colds should have medical treatment so that they will not constantly infect the small children in the family. If the physician is called when colds begin he may be able to prevent serious illness. The child with abnormal adenoids and tonsils is very subject to colds, so these defects need prompt attention.

Remember, colds can be very injurious to young children and are often the cause of ear trouble or other serious sickness such as bronchitis and pneumonia.

## **Tuberculosis** (See Table on pages 39, 40).

Children should never be allowed to live with or visit anyone who has tuberculosis in any form. A child who has been so exposed should have a skin test and an X-ray to find out if the lungs show infection. Children may also get tuberculosis of the glands or bones from drinking raw milk from tuberculous cows. Only milk properly pasteurized is safe.

If you have any doubt about the milk you use boil it for five minutes. Pour the milk into a bottle or jar that has been boiled and cover all. Cool quickly. We cannot be too careful in protecting infants and children from tuberculosis, as we still have many cases of infection from this disease.

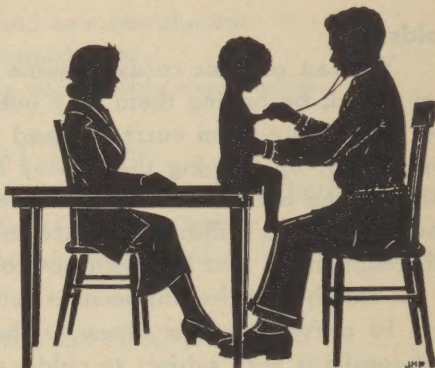
## **Whooping Cough, Measles and Scarlet Fever.**

These are all dangerous diseases for young children. Many deaths occur from these diseases every year among children under six years of age. Do not expose your child to any of them if you can help it. The older the child is when he gets any one of these infections the better able he will be to stand it.

Consult your physician if your child is exposed to any of the children's diseases. If any symptoms develop—cold, sore throat, or rash—have your physician see the child at once and follow his

directions carefully. By doing so you may save serious sickness and bad after-results. (See Table on pages 37, 38, 40).

**Medical and Dental Examinations.** Every child should have a thorough examination by the family physician or at a Well Child Conference twice a year until he is two years old and once a year after that age. The doctor will examine your child from head to foot. The child's clothes will be removed as this is necessary to make a thorough examination. A very important thing to observe is nutrition. A normal child is alert, has a happy expression, good color and good posture. He has strong bones, firm muscles and

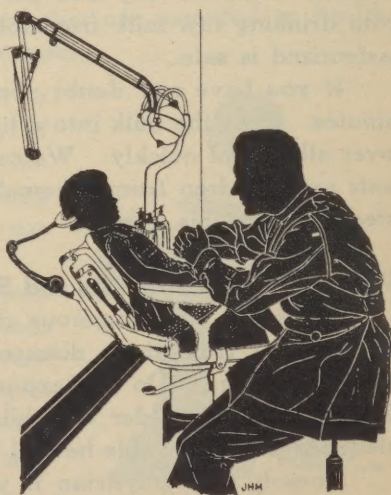


sound teeth. He gains regularly in height and weight. With the physician who is used to children the examination will disturb the child very little, unless he has been frightened in some way. When your child has been examined, your physician will talk over with you any defects he may find and he will tell you what should be done about them. He will discuss the child's diet and habits with you and give you any advice necessary in regard to them. He may advise having the urine and blood examined, a skin test and an X-ray of the chest. If possible, it is better for the parents to talk these things over with the physician when the child is not present and it is most helpful if the mother and father can both visit the physician for this discussion.

Children should visit the dentist as soon as they have all twenty baby teeth (2 to 2½ years). If teeth are poorly formed it may be necessary to go as early as eighteen months when the first baby molars come through.

Here are some of the many ways in which your dentist can help to prevent trouble:

He will examine the baby molars with a fine probe to be sure that there are no cracks in the enamel. If these cracks are found and





promptly filled it will prevent cavities, toothache and abscesses. He will watch your child's bite (how the teeth fit together) and help to correct habits that may mean crooked teeth later. He will measure the dental arches to see that they are spreading enough to make room for the second teeth. If anything unusual happens he will X-ray the teeth or will tell you when an X-ray is needed.

Take the child to him at least every six months and oftener if he thinks it is necessary. Preventive care is cheapest in the long run.

If you have a community nurse in your town you will find her a very great help. She will be glad to call upon you and she can give you many valuable suggestions about child care because of her experience with children, also you may need her help in planning ways to get defects corrected. Teach your child that the physician, dentist and nurse are three good friends who will help him "to grow big and strong."

**Correction of Defects.** When your child is examined he may be found to have some of the following defects. It is very important to have these defects corrected promptly. Even serious defects can often be helped if treatment is taken early. We have found that correcting one defect helps to prevent others. The two most common defects are poor teeth and poor nutrition or malnutrition, as it is called.

### **Malnutrition**

Malnutrition may show simply as a generally poor condition of the child, with no definite symptoms. He may show also overactivity or he may even lose interest in his toys and play and appear tired and indifferent.

The common causes of malnutrition are poor condition of the mother before the baby comes and while she is nursing him, or lack of the right food when the baby begins to eat. The right food, rest, sufficient sleep, cod liver oil and direct sunlight will both cure and prevent malnutrition and rickets. You will want to study carefully the parts of this booklet which deal with food, and other factors which have to do with good nutrition.

Rickets and scurvy are two diseases sometimes seen in infants and young children. They are both closely associated with nutrition. Rickets is a disease very often seen in a mild form, and sometimes in severe form, in malnourished babies and young children. It is shown by defects in the bones and by weak, flabby muscles. The rickets baby may be fat enough, in fact he is often over-fat, but he is likely to have a large head, bow legs and "pigeon" or "funnel" chest. He is often slow in getting his teeth, he takes cold easily and may be subject to bronchitis. The right food and other factors such as direct

We have all seen the child with a half open mouth who can't breathe through his nose because of adenoids. When we see such a child we know he is suffering from defects that could be corrected.

If your child takes cold easily, if he shows an inclination to keep his mouth open, take him to your physician at once for examination and advice. Diseased tonsils and adenoids help to increase colds, sore throat, ear and gland troubles. These are all dangerous infections which may lead to serious sickness, such as bronchitis or pneumonia, or may cause chronic conditions, such as heart disease or rheumatism.

Teach your child from his first year to "show his throat" willingly—use a teaspoon handle and gently press down the tongue, just as the physician uses his tongue depressor when looking at the tonsils. You can easily learn to do this.

Some parents refuse to have the tonsils and adenoids removed, even when advised by their physician to do so, because they are afraid that if they are removed when the child is very young they will grow again. This operation is now so carefully and thoroughly done by the good nose and throat surgeon that there is little danger of tonsils growing again. Adenoids do sometimes grow again, and if they are large enough to cause mouth breathing they may harm the child and should be removed again if an experienced physician advises it. Many children have to learn to breathe through the nose after the removal of adenoids.

## Eyes

The most common eye defect that parents observe is "cross eye" or squint. If you observe this in your child take him to a physician who is an eye specialist at once no matter how young he is. Sometimes glasses at a very early age, even as early as eighteen months, will help to correct this defect and save later operation.

If your child has styes, he will need eye examination also, as styes sometimes mean eye strain. Sometimes a child will hold his toys close to his face or peer around them to see them. This means serious eye trouble and he will need skillful treatment.

Every child should have his sight thoroughly tested before entering school. Many children have defects of vision, and only the eye specialist can find out just what is the trouble.

Proper care of the eyes at home is important. Give the child a well-lighted place to play in when he has to play indoors. Do not encourage him to play with small, complicated toys. He needs big blocks, large pictures, good-sized toys at this age to train his larger muscles and to protect him from eyestrain. Good nutrition helps to



keep his eyes in condition; the right food and enough sleep and rest are very important.

## **Ears**

Earache and discharging ears are quite common in little children and should receive medical treatment as they often mean defective hearing or serious illness, or both, if neglected. To cure the child who has these troubles, it may be necessary to have the tonsils and adenoids removed. If your physician advises tonsil and adenoid operation have it done promptly, if possible, as it often saves much future trouble.

Some children have a large amount of wax in the ears. Quite often this follows any infection of the ears. It is wise to have this wax removed by the physician, as it may irritate the ear drum or it may be the cause of partial deafness. The mother or nurse should not try to remove it as she may injure the ears.

Report to your physician any signs of deafness in your child. Careful examination and hearing tests will show whether there is any defect of hearing.

All eye and ear defects are serious. They should have prompt attention in early childhood as this is the time when most can be done to correct them.

## **Heart and Lungs**

Each time you take your child to a physician for his regular examination he will go over the chest very carefully to make sure that both heart and lungs are normal.

A few children are born with defective hearts, but more often heart defects are caused by the communicable diseases or by such conditions as diseased tonsils or abscessed teeth. Every child who has had any illness with fever should have a chest examination again after he is well to make sure that no damage has been done to the heart.

If your physician finds anything not quite normal about the lungs when he examines the chest he may want the child to have a skin test and perhaps an X-ray to make sure there is no tuberculous infection. He will tell you how this can be done without great expense.

Every child who has been, even for a short time, with a person who has tuberculosis should have thorough medical examination including a skin test and an X-ray of the chest. Neglecting to do this is putting the child under a tremendous risk.

## **Genitals**

It is rare to find anything wrong with the genitals in the child who has been well cared for from birth. The physician in exam-

ining boys may find adhesions of the foreskin. Such trouble can be almost wholly avoided by proper care from the first week of the baby's life. Your physician will show you how to care for the foreskin.

If the daily washing is neglected, a little white material which is perfectly normal, collects under the foreskin and finally causes some irritation. This may cause rubbing of the genitals and start the habit of masturbation.

The little girl is examined by the physician to see if there is any vaginal discharge or irritation of the vulva. Little girls are very subject to chafing if daily bathing is neglected. If the genitals are carefully washed daily there should be no trouble. Any irritation of the parts will cause rubbing just as with the boy, and is just as likely to cause masturbation. Do not use powder—it is irritating to many children.

Both boys and girls should be taught very young to wash the genitals daily just as they are taught to wash hands and face and brush the teeth. If care of the genitals is taught early in a matter-of-fact way, children will accept it as a part of the daily "clean up" and much future trouble will be saved. It is astonishing how many children are neglected in this respect, and really suffer much discomfort from it.

## Feet

If your child has any defects of the feet the physician will advise you as to the right shoes and will suggest some simple exercises that will help to correct such defects as flat feet. The child with clubfoot should be under medical care from birth as a great deal can be done then to help this serious defect.

Proper care of the feet (page 31) is very important. Well-cared for feet help to make good posture.

## Posture

Good posture helps to keep the child well.

Good posture means sitting, standing and walking correctly, with the head and chest up, the back flat and the feet neither turned in or out. Many small children have very poor posture—they have protruding shoulder blades, hollow chests, big abdomens and feet turned out, and even at five or six years may show signs of becoming flat-footed. The child with poor nutrition is very apt to have poor posture. The tired child has poor posture. The child who cannot see or hear well may have poor posture.

When your physician examines your child he will show you just what is wrong and will help you to correct posture defects.





sunlight on the skin, cod liver oil and rest can prevent, as well as arrest this disease.

Scurvy is not often seen today. It is a disease due to lack of fresh vegetables and fruit in the diet and can be both prevented and cured by giving enough orange or tomato juice.

Anemia is a symptom often seen in malnourished children and also in some diseases. It shows first in lack of good color in skin and mucous membrane. If your child is pale, consult your physician to find out if anemia is present.

### **Dental Defects**

Children's teeth must be well built and they must be kept well nourished with the minerals and vitamins in the foods given if they are to stay hard and not decay (p. 25.)

Food left on teeth attracts the germs that are always in the mouth. These germs live on food and produce an acid strong enough to dissolve tooth structure and in this way form a cavity. If a tooth is poorly built (soft) or poorly nourished it will decay rapidly.

Decay usually appears first in the back teeth on the top of chewing surfaces. These teeth may have tiny cracks where the enamel is not perfectly smooth. If there are tiny cracks in the enamel, food will catch in these cracks and usually a small cavity forms.

The best way to prevent tooth decay is to be sure that the teeth are well built so that the enamel will be perfect, or if the teeth have cracks in the enamel that they be filled by a dentist, and that the teeth be kept nourished so that they will be hard and will resist decay.

Decay is often stopped (arrested) by giving children plenty of milk, cod liver oil and sunshine, orange juice, egg yolk and raw leafy vegetables and being sure that they have very little candy. Decay spreads under the enamel in teeth, especially in the six-year or first permanent molars.

If the tooth is poorly nourished and if the decay is not stopped by a dentist it spreads until the whole tooth is destroyed. The tooth is now dead and often an abscess forms at the edge of the root. A baby tooth sometimes decays and becomes abscessed without aching. The presence of a gumboil means that there is an abscessed tooth. An abscessed tooth is a real menace to a child's health and should always be removed for the pus from the tooth may get into the child's blood and may go through his system causing rheumatism or heart trouble. If an abscessed tooth is left in the child's mouth it may infect the jaw bone around the tooth.

### **Nose and Throat**

The most common defects seen among preschool children next to nutritional and dental defects are those of the nose and throat.

It is very important that every child should have a comfortable seat when he is eating or playing at a table. See that his feet rest firmly on the floor or on a box, and also when he sits on the toilet have a firm stool or box for his feet. No child can sit correctly who cannot reach the floor with his feet. No child can walk or stand correctly who has uncomfortable clothing or wrong shoes. Good posture in the parents also helps the children to have good posture as children are great imitators.

### **Hernia or Rupture**

This is shown by a bulging in some part of the abdomen, which increases when the child cries. It quite often occurs, and needs medical treatment. Some parents try to treat it themselves. This is a dangerous thing to do, as it does much more harm than good. Consult your physician and if he prescribes a truss, have it fitted under his direction and have him see it at least twice a year because it will need to be adjusted or changed, as the child grows.

### **Constipation**

The healthy young child has a soft but formed movement once a day. More than one movement a day is the normal habit of some children. If the child is constipated he may have a daily movement, but it is hard and dry and comes only with straining, or he has no daily movement. You will need to see, first, that the child goes to the toilet at the same time every day, whether he has any desire to go or not. It is best to have the child go to the toilet immediately on getting up in the morning to empty the bladder and bowels, but many children are trained to go right after breakfast and this is also a good time if it is strictly kept. Do not let the child stay over ten minutes on the toilet and do not let him have pictures or playthings; the toilet is for one thing only and the earlier he forms a habit of attending to it promptly the better. Have a stool or box for his feet so he can sit comfortably on the toilet seat.

The diet is also very important. If your child has fresh and cooked vegetables and fruits every day, drinks water freely, eats dark bread and cereals, this will help to overcome his constipation. The child who is constipated is usually the child who eats white bread, fine cereals, too little fruit and vegetables and too many sweets. Give a laxative only when it is ordered by the physician. Remember, a constipated child is a neglected child.

If constipation persists see your physician.



## Enuresis (Bed Wetting)

Take the child to the toilet at regular intervals according to age.

Give necessary liquids early in the day. Limit fluids at last meal and after.

Try to gain the child's interest in keeping dry as a step in growing up.

If a child who has been well trained has trouble wetting clothes or bed after two and a half or three years, something is wrong. He should have a careful examination by your physician including examination of the genitals and of the urine. If nothing is wrong physically and the habit persists, you will again need your physician's advice or he may send you to a Child Guidance Clinic where they study very carefully just such problems as this. **Never scold or punish a child for wetting himself; it will only make it harder for him to overcome the habit.**

A "dry" supper does help some children. If you would like some dry supper menus write to your State Department of Public Health, 1 Beacon Street, Boston, and they will be sent to you.

1. Do not give any water, milk or other fluid to drink after five o'clock when he has his supper. See that he drinks water freely during the day.
2. See that he urinates before supper and just before getting into bed. If he complains of thirst give him a piece of fruit at this time, but no drinks.
3. Take him up every night 3 or 4 hours after he goes to sleep.
4. Protect the bed well, but do not put on diapers at night after the child has begun to go without them during the day as it makes it harder for him to keep dry.
5. Have the child urinate just as soon as he wakes up. Many children wet the bed a few minutes after waking in the morning.

Some children need to be taken up once to urinate between ten and morning.

Do not be discouraged if you do not succeed quickly. Some children are much slower than others in acquiring the dry habit.

## THUMB SUCKING

Thumb sucking is an unpleasant and undesirable habit. If persisted in too long it becomes a dangerous habit both physically from the injury to the jaw and mouth and because it has a direct bearing on the child's emotional life. This habit should never be allowed to start. If it persists beyond the second year any deformity of the jaws that has resulted may not correct itself. It takes a very small

amount of pressure, if constantly applied, not only to move teeth but to distort bones of the jaw.

One cause of thumb sucking may be that children are not adequately fed and seek the solace of their thumbs. The child often sucks his thumb when he is tired or when he starts to go to sleep. This habit may also be found with other nervous symptoms in the child who is overstimulated. One of the reasons why a mechanical device applied to the thumb often fails is that this centers the interest on this particular member of his anatomy instead of on another point of interest. If any mechanical device is to be used, we suggest that the mother use elbow cuffs. These act as splints around the elbow. The cuffs should not limit the child's elbow motion entirely but restrain his arm just enough to prevent his getting his thumb to his mouth.

It is necessary to get his cooperation and interest him in breaking the habit as a step in growing up. He must be told why it is not good for him both in regard to his looks, his teeth, and the fact that it is a babyish trick. We do not advise punishment because if this is used, the child has a resentment and an emotional reaction which may lead to very serious difficulty instead of being helpful. In some cases when his cooperation has been aroused, he may be persuaded to ask to have the elbow cuffs put on at night in order to help him break a habit which is now carried on unconsciously but which has been entirely corrected by him during his waking hours.

Dental specialists have found that a small metal appliance inserted behind the teeth which kept the thumb from contact with the palate and which made the habit unsatisfactory and unpleasant has cured the habit completely in a very short time. Deformities of the jaw can often be entirely corrected by dental straightening treatment but the expense of such treatment makes this almost prohibitive for any children except those in families of better than average income. Prevention is the wiser course.

## PREVENTION OF ACCIDENTS

### In the Home

A large number of accidents occur among little children in the home. Much can be done to prevent this by using great care in keeping all drugs, disinfectants and dangerous utensils out of the child's reach.

**Poisoning** may occur from disinfectants used, such as iodine, lysol, lye, etc., or pills. Paint is dangerous because of the lead in it and the small child may chew it off his crib, toys or play pen. Be sure all these things are painted with a nonpoisonous paint made especially for children's furniture.



Never use rat or insect powder where a child can get at it. Keep kerosene in a safe place out of the child's reach.

**Burns** may be prevented by using safety matches only and keeping them in a covered tin can or box where the child cannot climb up and get them. Also the child should be trained quite young to keep away from the kitchen stove or gas range. Fireplaces should be well screened.

Children must not be allowed to build bonfires. Teach them to keep away from brush fires also.

**Falls.** Many children's falls would be prevented by protecting the tops of stairways and porch steps by gates, and by screens or bars on windows. A play pen for the toddler is a good safety device and a great help to the busy mother.

The soles of new shoes should be roughened by scratching with a nail, sand-paper or dull knife so that they will not slip easily on smooth floors and cause falls.

**Toilet Powders.** It is known now that toilet powders containing stearate of zinc if breathed in may cause serious trouble. It is better to keep any toilet powder in a self-closing can and out of the child's reach.

**Dangerous Articles.** Beads, buttons, tiny toys, nuts are all dangerous things to give very young children. They are likely to put them into the nose or ears, or they may try to swallow them and choking may result. Knives, forks, pointed scissors, razors or any sharp or pointed toys are dangerous and must be kept where children cannot get at them. Pencils and candy on sticks should not be allowed when the child is running about.

## On the Street

Begin as soon as the child walks about freely to teach him not to cross a city street or a country road alone. Teach him not to play in the street or road. It is a good plan to teach older children to help in looking after younger children and to take them safely across the street.

When the child is four or five years old teach him to cross the street on the crossing, with you watching the process from one side. He must learn to look carefully both ways and not to start to cross if a car is coming in either direction. The child under six is not capable of protecting himself wholly, but he can learn a good deal about necessary caution before he starts to school. Children should learn to obey traffic signals.



"Stealing rides" on trucks and crossing railroad tracks without stopping to look and listen, playing in train yards or on freight cars, are all dangerous and it is well to begin early to teach children why they cannot do these things.

**Toys.** Teach your children to keep all toys and sticks out of their mouths. Children have had serious injuries from running and falling with pencils or sticks in their mouths.

**Travel.** Teach your child to tell his whole name and full address plainly. When traveling, sew a little tag to his clothes with his name and address plainly written on it.

**Strange Persons.** Children have to be taught not to go away alone nor to go away with people they do not know and not to be bribed by candy, money, toys, etc.

**Fireworks.** Do not allow children to use or handle fireworks. If your child is injured by fireworks, take him to your physician at once and have him treated to prevent lockjaw or tetanus.

**Firearms and Blasting Caps.** Never let your child play with firearms no matter if you do know they are not loaded. Teach them it is dangerous to handle guns, rifles and revolvers and that no one should ever point a gun at another person even in fun. Many lives have been lost by pointing at people guns that were thought to be unloaded.

**Swimming.** Many young children enjoy bathing and it is fine for them to learn to swim but they must be cautioned not to go into the water unless some older person is watching them. Be sure that the water is safe.



**Poisonous Plants.** We see quite a number of small children suffering from poison ivy. Any bright child can learn to know poison ivy. It has three leaves and is seen growing on rocks, fences, and tree trunks especially. In the fall it has beautiful colors, red and orange. If a child picks it by mistake, wash his hands at once with soap and water. (A lather of yellow laundry soap is excellent.)

Show children what mushrooms are and tell them not to pick them unless some grown-up who knows the safe kinds is with them. Teach the child never to eat anything found out-of-doors without permission.

**Sunstroke.** In very hot weather there is some danger of sunstroke even for little children. Have them play in the shade during the hottest time of the day. Hammocks and swings are particularly good in hot weather, as they keep active children "off their feet" for short periods during the day.

**"Dog Bite."** If a child is bitten by a dog, take the child immediately to the physician. Dog bites are important primarily because of the danger of rabies (hydrophobia) if the dog that did the biting, was infected. In any such case, be sure that the dog is watched for a period of two weeks unless it dies in the meantime. Unless the dog is watched, you may not know whether or not it was rabid.

Teach children not to tease dogs and other animals.

## HAS YOUR CHILD LEARNED TO EAT GOOD FOOD?



Does your child have a definite clock time for eating?

Regularity is very important in forming good habits of eating.

Do you allow time enough for the child's meal—about one-half hour—and not too much time?

Eating should be accomplished in an unhurried business-like way—taking small bites. The food should be swallowed before taking a drink so that it will not be washed down. Leave your child to himself as much as possible while eating. Eating is only for meal-time. There should be no eating between meals if he fails to eat the regular meals.

Does your child sit comfortable in a small chair, feet on the floor?

Perhaps you have never tried to sit on the dictionary or the family album with your feet dangling! The small child has a right to sit in a chair and before a table suitable for his height. (Some fathers have made such furniture from soap boxes, or have cut off the legs of high chairs.)

Why should the place of eating be important for the small child?

The child learns to think of the table as a place to eat if he makes a business of eating there and does not play.

How do you introduce new foods to your child?

Your child learns to know and to like food through its flavor or the feel upon the tongue. We wonder if the color doesn't help, too. Serve a very small portion of the new food without mentioning it. As small an amount as one teaspoonful may be given with a food which he prefers.

Does your child understand that certain foods are grown-up foods?

Some foods and drinks which mother and father use cannot be given to children. We give children only foods which will help build strong bodies and keep children healthy.

Do you use care in cooking and serving food?

A highly seasoned or poorly cooked and served food may do much to build a food dislike. "Poorly cooked" may mean overcooked vegetable, lumpy cereal or any scorched food. It is well to taste foods before using.

Do you avoid talking about food before your child?

A food dislike is often built through hearing the rest of the family discuss their dislikes. Comparing your child's food habits with those of another is apt to bring a dislike of a food.



If your child does not eat—

Pay no attention—do not coax him—it will not hurt him to miss a meal. Do not give him anything to eat until the next meal. Do not be afraid he will starve. He will be hungry and then he will eat what you give him at the next meal. However, watch your child if he does not want any food. He may need a physician.

Do you remain calm and quiet when things bother?

Calmness will encourage better understanding between you and your child. Your over-anxiety often causes the child to refuse his meal.

It is every child's right to be an individual. Is your child feeding himself?

Of course, it takes time, but be patient—he will spill some at first. Let him. Give him a little mop. He will learn to clean up the result of his accident.

Do you encourage even the slightest achievement of your child?

Your child learns by doing, and he will repeat what you have approved. Encourage a real accomplishment in eating by a kind word or smile.

## WHAT ARE GOOD FOODS?

The little child is growing fast and is playing and running a good part of the day. His food then must be good for building. He must have, too, plenty of food for all the energy he uses in play.

His digestive powers are still not wholly developed so give him simple foods. Increase the amounts of foods slowly, and serve new foods one at a time.

Year by year, the amounts of food are increased and new ones added until the diet is built up somewhat in the following way:

### THE DAILY FOODS

#### 1 to 2 Years

About 1 quart of milk—some to drink at each meal—the rest used in cooked dishes like milk toast, cream soups, custards, or in cottage cheese.

1 whole egg nearly every day.

#### 2 to 4 Years

Same.

Same.

Meat—For a change about 2 tablespoonfuls of chopped liver about once a week and a small amount of chopped lean beef, lamb or chicken—3 or 4 times a week.

#### 4 to 6 Years

Same.

Same.

Meat—A small slice of lean beef, lamb, chicken or fish.  
Cheese dishes or cottage cheese.

## 1 to 2 Years

Unstrained juice of 1 large orange or  $\frac{1}{4}$  to  $\frac{1}{2}$  cup of tomato.

$\frac{1}{8}$  to  $\frac{1}{4}$  cup of cooked strained fruit (fresh, like apple sauce, or dried, like prunes or apricots). Raw scraped fruits may be used in small amounts.

2 to 6 tablespoonfuls of a few cooked, finely chopped or strained vegetables like spinach, beet greens, peas, tomatoes, carrots—some may be used in milk soups. Use some for dinner and some for supper.

2 tablespoons of baked potato.

1 to 5 tablespoons of whole grain strained cereal like oatmeal or wheatena.

$1\frac{1}{2}$  to 2 slices of bread, preferably dark, dry or toasted, or whole wheat crackers.

3 to 4 teaspoonfuls of butter. Bacon occasionally.

A simple dessert, a junket, custard or fruit gelatin may be used.

2 or 3 teaspoons of cod liver oil especially in winter.

## 2 to 4 Years

Same.

Same—may be cooked well and not strained, like stewed pears. Mashed ripe bananas, or small pieces of fresh peaches, apples or pears may be added when the child chews them well.

1 to 2 teaspoons of chopped raw vegetable like green leaves of lettuce, cabbage or spinach, or grated carrots may be used in a sandwich. Small pieces of celery and strips of carrots help teach him to chew well.

$\frac{1}{2}$  cup of vegetables—some new, like string beans, stewed celery, asparagus, and kale. These may be chopped or mashed instead of strained.

1 small potato, baked preferably or boiled in skin.

$\frac{1}{3}$  to  $\frac{2}{3}$  cup of well-cooked cereal—preferably once a day.

2 to 3 slices of bread (preferably dark).

4 to 8 teaspoons of butter. Bacon occasionally.

Simple dessert.

Same.

## 4 to 6 Years

Same or a whole orange.

Same—raw ripe fruits if chewed well and eaten moderately. Berries may be added in small amounts.

1 to 4 tablespoons of same.

$\frac{1}{2}$  to  $\frac{3}{4}$  cup vegetables—some new like squash, broccoli, onions, and cauliflower. Do not give radish, cucumber or green pepper.

1 medium potato—baked, boiled, mashed or creamed.

$\frac{1}{2}$  to  $\frac{3}{4}$  cup of well-cooked cereal preferably once a day.

3 to 6 slices of bread (preferably dark).

Same.

Fruit—plain ice cream in small quantities—plain hard cookies, like molasses or oatmeal.

Same.



## WHEN SHOULD MEALS BE SERVED?

Meals should be served the same time each day. The child should come to the meal rested. The heavy meal comes in the middle of the day. No food between meals insures a better appetite at meal-time. Very young or very active children may need four meals a day.

### ONE DAY MEAL PLAN

Breakfast	Dinner	Lunch	Supper
Orange Juice	Egg (scrambled)	If needed, milk or	Cream of Tomato
Milk	Baked Potato	fruit juices.	Soup
Oatmeal	Peas		Whole Wheat
Toast and Butter	Dry Bread, Buttered		Toast and
	Lettuce (crisp green)		Butter.
	Milk		Baked Banana
	Rosy Apples		

### HOW DO YOU PREPARE THESE FOODS?

**Vegetables** —Wash all vegetables well—cook green vegetables for a short time until just tender, in a small amount of water so they will keep all the vitamins and minerals for your child. Keep any vegetable water left over for soups. Soda destroys the vitamins. Overcooking spoils the flavor.

Raw vegetables may be crisped in cold water.

**Dried Peas and Beans** —do not take the place of fresh vegetables. The preschool child should eat these only after they have been well cooked, strained, and made into soup with milk or tomato.

**Cereals** —should be cooked thoroughly so they may be easily digested. It is best not to use sugar on cereals. Use bran only when your physician advises it.

**Bread** —should be dry or toasted so the child will chew it well. It is wise to use a dark bread and cereal once a day so as to get more vitamins and minerals.

**Eggs** —are best cooked in water below boiling. If scrambled, cook in double boiler rather than in frying pan.

**Fruit** —Fresh squeezed fruit juice is better than juice that has stood for some time. Overcooking fruit is apt to spoil the color and delicate flavor.

**Milk** —The safest milk is pasteurized, evaporated or dried milk. Evaporated milk is sometimes a good economy and may be well used in cooking. Take the chill off the milk before drinking.

**Meat** —should be minced until you are sure the child is old enough to chew it well.

**Desserts**—Junkets and custards and other desserts should be sweetened only slightly. Too much sugar spoils the child's taste for other foods. Molasses may be used for sweetening.

**Fats**—Too much cream, rich milk, mayonnaise and other fats are likely to interfere with the natural appetite.

**Salt and Other Seasonings**—should be used only in very small amounts.

If more information is desired, write to the Massachusetts Department of Public Health, 1 Beacon Street, Boston, Mass., for a copy of **Cooking for Health and Good Eating Habits**.

## HOW DO YOU SERVE HIS MEAL?

Set a low table with dishes and spoons so he can learn to feed himself. When you buy the dishes, think of the size of his hand. If he eats at the family table, fix a chair so it will be high enough for him and a box for a footrest.

He will be more interested and less likely to spill anything

- If he sets his own table;
- If his glass is small at the bottom;
- If his pitcher is small and sturdy and has a large enough handle so he can pour his own milk;
- If his plates have an edge and set firmly on the table;
- If his dishes are gay and attractive;
- If the food is good to look at and good to eat;
- If it is served in small quantities so it may all be eaten.
- If another child is invited to eat with him once in a while.

## WHAT ARE THE RESULTS OF GOOD FOOD DAILY?

If your child has

- Good food at every meal,
- Served so he can eat it himself,
- In happy, quiet surroundings,
- At a regular time—

your efforts will be more than repaid by a pleasant mealtime and by better nutrition of your child.



## TEETH

### How Teeth Grow

We know the teeth and bones are made of calcium and phosphorus and that we must feed children foods rich in these minerals if we want them to have strong, even teeth and good straight bones. The foods that are richest in these minerals are milk, cheese, citrous fruits and some vegetables.

Now we know that the cells that build teeth and bones cannot work unless certain of the substances called vitamins are present. Some of the foods that are rich in tooth-building vitamins and that are suitable for this age are butter, cod liver oil, egg yolk and the citrous fruits (oranges, lemons, grapefruit), raw cabbage, tomatoes and lettuce. Sunshine has the same effect on teeth as cod liver oil and egg yolk. If a child has too many sweet foods or too much bread, cereals and meat the cells building the teeth are not able to work.

The crowns (tops) of all the baby teeth and part of the crowns of the four first permanent molars are formed before the baby is born, so that it is quite necessary for the prospective mother to eat plenty of these tooth-building foods each day if the enamel on these teeth is to be smooth and hard. Cod liver oil, fruit juice and other foods are added to the baby's diet very soon after he is born so that the teeth and bones will be well-built.

When the baby teeth are all in the mouth the child's diet must furnish the material to nourish these teeth and to continue building the permanent teeth that are forming one after another in the jaws below the baby teeth.

### Teething

Teething should be a normal process. It very seldom makes children sick. If a child is well and is having a good diet there will be plenty of minerals needed to build the teeth and enable them to push gradually through the gums from the jawbone where they have been forming.

When your child is cutting his teeth give him, at mealtime, hard toast and raw vegetables, such as large pieces of raw carrot and celery, to chew on. Hard foods press on the gums and help the teeth to come through. If the gums should be very swollen and painful take the child to the dentist.

### When the Teeth Come In

Most children have

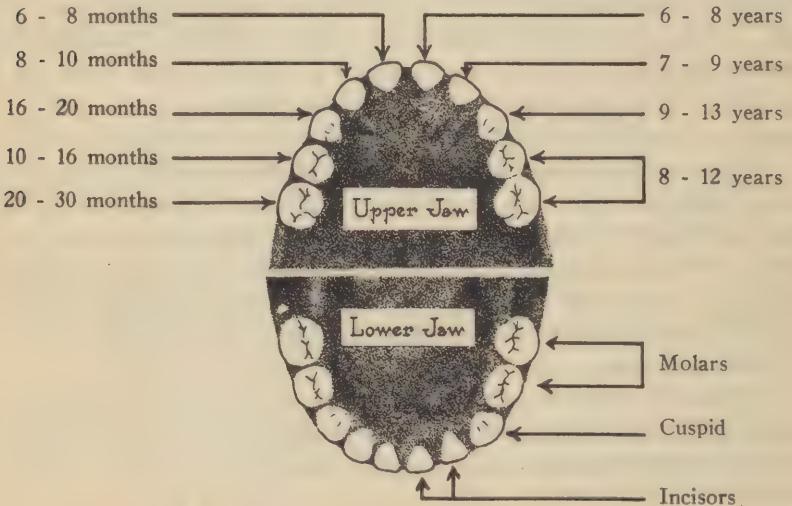
6 to 8 teeth when they are a year old.

16 teeth when they are 1½ years old.

20 teeth when they are 2½ years old.

4 permanent molars when they are 5 to 7 years old, as it is now that their front baby teeth start to come out.

The following diagram shows the teeth of a six-year-old child. The names of the different teeth are to the right of the lower jaw. On the left of the upper jaw are the approximate ages at which the different baby teeth appear and on the right the approximate ages at which they are lost.



If your baby is very much behind this schedule it may be because the growth of the teeth has been hindered by sickness. When a child is sick, especially if he has a high fever, the growth of the teeth is slowed down, or even stopped, until he is well again.

It may be that he hasn't had enough tooth-building foods in his diet. Babies who do not have sun baths or cod liver oil and who do not have plenty of green vegetables and fruit juices as well as milk are often very slow in cutting their teeth. If your child has had these foods since birth and is still slow in cutting his teeth it may be that he has not had a large enough quantity of them. If your child is well and the doctor says that his bone development is good except for the fact that the teeth are slow in coming through, you need not worry.

### How to Keep the Teeth Clean

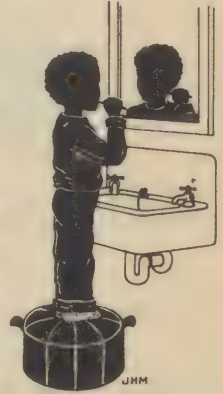
If the small child is well his gums will be firm and hard and if he has plenty of fruits and vegetables his teeth will stay clean without the aid of a toothbrush.



When the child is two and one-half years old and the molars are through the gums a toothbrush should be purchased and the teeth should be brushed carefully after each meal. Buy as small a brush as you can and be sure the bunches of the bristles are widely separated. Even the smallest toothbrush usually has six rows of bristles. Take scissors and cut off several rows until the brush is only three or four rows long. This will make the brush small enough for the child to use himself when he starts brushing his own teeth (ages three to four).



When the child starts to brush his own teeth be sure he can see in the mirror. If you stand behind him and guide his hand at first, he will learn quickly. Teach him to brush his upper teeth downward, then his lower teeth upward and last of all, the chewing surfaces of his upper and lower teeth. It is much better to advise and encourage the child to clean his own teeth than to "do it yourself to be sure it is done well." The use of a homemade toothpowder of equal parts of salt and soda, or of a commercial toothpaste or toothpowder, is a matter of individual taste entirely. It is well to use a brand recommended by a dentist or sponsored by the American Dental Association so that one not too coarse will be chosen.



Keep the toothbrush dry and clean. Every day rinse it thoroughly and hang it in the air. Never put it in a solution of any kind. Once a week wash all the family toothbrushes with warm water and soap. Sprinkle them with salt and put them outdoors in the sunshine. A dirty toothbrush is worse than no toothbrush at all.

Green and black stain often appears on baby's teeth near the gums. The cause is not known. It sometimes appears even when the teeth are carefully brushed. It is unsightly but not dangerous. If the teeth are well nourished it will not cause decay. It can be removed by your dentist.

## Crooked Teeth

There are many causes of crooked, irregular teeth.

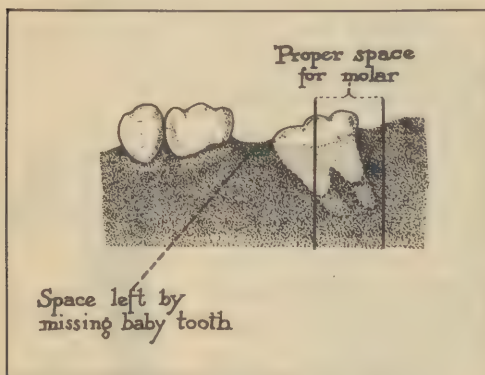
Poor nutrition during the prenatal, infant and preschool periods may mean that the bones of the jaw do not develop enough to make room for the permanent teeth. Inheritance plays a part in the shape

of the face and hence the width of the dental arches. Mouth breathing makes the upper arch narrower which means that the front teeth protrude. When the mouth is shut the tongue rests against the upper teeth and keeps the arch rounded.

When the mouth is open the tongue rests against the lower teeth. The pressure of the cheeks on the outside of the upper teeth without the tongue pressure on the inside causes the upper arch to narrow.

Long sucking of the finger or of a pacifier or nursing bottle tends to pull out the four upper front teeth.

If these habits last beyond the third or fourth year the jaws may be deformed for life. If the habit is stopped early the jaw may go back to its natural shape.



What happens when baby teeth are pulled before it is time for them to come out.

If the baby molars decay and have to be extracted before it is time for them to fall out the six-year molars will come in on a slant and all the permanent teeth will be crooked.

Good nutrition, chewy foods to exercise the jaws and care of the baby teeth will do much to insure straight, even, permanent teeth for the older child.

### First Permanent Molars

The first permanent molars come into the mouth just behind the baby molars from the ages of five to seven years. (See illustration.)

The first permanent molars, or six-year molars as they are called, have deeper grooves than the baby molars. Most of the six year molars have tiny cracks in the enamel at the bottom of the grooves. Watch for these teeth. The lower ones will come in first; the upper ones may not come through until several weeks later. It is most worth-while to make a special trip to the dentist to have these six-year molars examined for any cracks in the enamel and to have them filled before decay starts.



The six-year molars are the largest of the permanent molars. They come first to take care of the grinding of foods while the baby teeth are falling out and they are so placed in the jaws that they serve as guideposts for the other permanent teeth.

## DAILY CARE OF THE CHILD

### Baths

The baby gets his daily bath until he is out of diapers, and always when possible, the daily bath should be kept up for the older child. Many mothers do not realize how much the daily bath helps to keep the child well.

In very cold winter weather in poorly heated houses, mothers sometimes feel that a bath every day is impossible. At such times let the child strip before going to bed and give his skin an "air bath," rubbing him vigorously all over with a rough bath towel. The face, genitals and feet, should, however, be thoroughly washed every day, and the hands should be washed before each meal and after going to the toilet. The quick sponge bath and brisk rubbing can be given so rapidly, even in a cold room, that the healthy child will not feel any chill and will be greatly benefited by it. Only a mild white soap should be used. Disinfectant soaps, so called, and soaps good for washing clothes are likely to be injurious to the skin.

### Sun Baths

Direct sunlight on the skin helps to prevent and cure rickets and helps to keep children well in every way. The custom of letting children play out-of-doors in sun suits for a part of every day in mild weather, is an excellent thing. We should not, however, overdo it and let the child get sunburned or "blistered." It is wise to keep up sun baths in cold weather. Every sunny day let the child sit or lie for 10 to 20 minutes before an open window or on a protected porch where the sun can shine on him. Arms and legs, chest, front and back, can gradually be exposed to the sun and a very good "winter tan" be obtained.

Remember that only direct sunlight on bare skin does any good. Sunlight through glass and clothes may cheer and warm us nicely, but all the valuable rays are lost before they reach our bodies.





Three kinds of baths are beneficial to health—the water bath, the air bath, the sun bath. The **lucky** child gets all three kinds!

## Sleep and Rest

The right amount of sleep and rest helps greatly in preventing and correcting defects of nutrition as well as increasing the child's resistance to disease.

AGE OF CHILD	AVERAGE AMOUNT OF SLEEP REQUIRED	
	Day	Night
1 — 2 years	2 — 3 hours	12 hours
2 — 3 years	1 — 2 hours	12 hours
3 — 6 years	1 hour	11 — 12 hours

The undernourished child and the child who is convalescing should keep up the longer nap. Wake the child at the end of the regular nap time. Too much sleep in the daytime makes it hard for him to get to sleep at night. Also it is important in winter, to play out-of-doors as long as possible before dark.

Do not stop the daily nap or rest just because the child is soon to enter school.

## Clothing

Children's clothes are comfortable when they don't have to think of them. All under-clothing should be loose and soft and of easily laundered material so that it can be changed often. Change underwear at least twice a week.

Wool or woolen mixtures are seldom needed next to the skin even in the coldest weather and they are irritating to many children. Cotton jersey underwear is best. It may be necessary to use woolen hose in cold winter weather for the child who is playing out-of-doors but all other woolen clothing is better worn outside the dress or suit and removed when the child comes into the house. Woolen mittens, sweaters and leggings are light and warm and are best for play in cold weather. Overcoats and heavy jackets are clumsy and tiresome for the active child.



JHM

Many children are too warmly dressed in the house in winter. If, however, the house is poorly heated, as is the case with many country homes, the child will need warm clothing indoors, especially

children under two or three years of age as they are playing on the floor so much.

The child's feet should always be warm and his skin should feel warm but not moist. With the healthy child, cold feet may mean insufficient clothing and sweating may mean too warm clothing.

Summer clothes should be as few as possible. One-piece underwear and a one-piece suit with short socks and low shoes make the ideal costume for warm weather for both boys and girls of preschool age. A woolen sweater should be at hand for cold, windy days and the cold mornings and evenings which so often occur in this climate, even in spring and summer. A sun suit or bathing suit is a necessity in the child's wardrobe. The woolen bathing suit is best kept for water bathing only, as wool is irritating to the skin, especially in warm weather.

All clothing should be loose enough to allow for freedom in play and growth. Be especially careful not to have clothing tight at the knees, armpits, waist or crotch. Avoid tight elastic bands around the waist and tight garters. Anything that is snug enough to make a mark on the child's skin after he has worn it a short time is tight enough to be uncomfortable and interfere with circulation.

Shoes should come as near the shape of the child's feet as possible but must be longer and wider to allow for freedom of motion and for the growth which goes on every day. It is a good plan to have the child stand on a sheet of paper and draw around his foot. Buy shoes at least one-half inch longer and one-quarter inch wider than the picture.

The oxford type of low shoe which has a fairly thick sole and no heel is best. Good leathers for children's shoes are elkskin and lightweight calfskin. Patent leather is very bad for the feet. Sneakers made of rubber and canvas are also very poor footwear. High shoes are unnecessary for normal feet and are a burden in cold weather when overshoes are worn. It is very bad for any child to have to wear shoes that have been worn by other children as no two children have feet alike.

The foot of the stocking should be long enough so that it can be pulled out a little beyond the toes before the shoe is put on but should not be too large as it will wrinkle and hurt the foot. A short stocking is as harmful as a short shoe.

With the child, as with the adult, it pays to change shoes and hose once during the day and to bathe the feet daily.

## PLAY AND PLAYTHINGS



We all know that play is the child's work and that his toys are his tools. Good surroundings for play and suitable play materials help the child's growth and development more than we realize.

Every home needs a playroom for the children. If this cannot be supplied then a play space in the living room or dining room should be given them. It should be where there is good light, where there can be an open window much of the time and should have shelves or drawers where they can arrange their playthings conveniently. A play pen which can be easily moved from room to room or out-of-doors is of great benefit to the child under two years and is an immense help to a busy mother. A porch is a fine playroom for children, summer and winter, and is especially helpful for families who must live in upstairs apartments.

Out-of-doors the fenced-in yard, even if it cannot be large, is the best investment possible to help secure a healthy childhood. A sand-box, swing, seesaw and slide will furnish endless opportunities for play in the open air and if one family cannot buy or make all these things several families in a neighborhood can often combine to provide them for their children.

In buying toys for children from one to six the great thing to remember is that they should be large, such as good-sized blocks, boards, dolls, carts, and that they should be material the child can do things with—he must build houses, lay tracks, shovel dirt, etc., at this age to develop the large muscles. Small toys and mechanical toys are not desirable. The little child's eyes, muscles and nervous system are not yet sufficiently developed to make it safe for him to try to adapt to small and complicated toys. They tire him and hinder, rather than help, his growth and development.

### Toys for Developing Large Muscles

1. Wheelbarrow
2. Tricycle
3. Large balls
4. Large boxes of different sizes.



### Toys for Sense Training (for training eyes and fingers)

1. Colored blocks
2. Colored ring pyramid
3. Hammer and peg board
4. Large colored wooden beads to string

### Toys for Developing the Imagination

1. Dolls
2. Doll houses
3. Animals
4. Housekeeping utensils
5. Costumes—such as Indian suits
6. Trucks

### Play Material for Self-Expression

1. Crayons
2. Pencils
3. Paints with suitable papers
4. Blackboard
5. Modelling clay
6. Blunt scissors and paper for cutouts



## PLAYMATES

Children need playmates. No child can learn to get along with people unless he plays with children of his own age. The child who has only grownups to play with does not develop socially.

## CARE OF THE SICK CHILD

When your child seems sick, even though you can see no cause for it, undress him, put him to bed and consult your physician. Do not urge him to take food, not even milk or fruit juice. Offer him water to drink every hour, or oftener if he is thirsty, and let him drink all he will. Do not give any medicine unless the doctor advises it.

Take his temperature by rectum. It is well to accustom the baby and small child to have the temperature taken this way when he is well and then there is no trouble when he is sick. Put the bulb end of

the rectal thermometer into the back passage and hold it there two minutes. A temperature higher than 100 means fever.

Keep other children away from the sick child.

If possible, save a sample of urine and the bowel movement for the physician to examine.

When the physician comes, if the child is asleep, do not wake him until the physician asks you to. Often it is better to examine the child, partly at least, while he is sleeping.

Give the child a warm sponge bath once a day, or oftener, if the physician orders it.

Do not give an enema if the child has pain in the stomach or abdomen unless your physician orders it.

Do not offer the child playthings until he wants them. A very sick child does not need to be amused.

Keep the child quiet and let him sleep as much as he will.

We must remember that children, as well as adults, may have chronic illnesses. The child who begins to look pale and tired, who loses his appetite, who is "getting cranky," is needing help. Take him to your physician for a thorough examination. He may only need more rest and a change of diet but there is always a possibility of some disease or defect which is harming him. If you wait he may become acutely sick later.

### **Symptoms That Should Be Reported To Your Physician**

The following are some of the common symptoms that parents, nurses and physicians observe in young children which, if recognized early as signals for help and promptly attended to, can often be prevented from developing into serious illness or handicapping defects.

**Colds** with fever, sore throat, swollen glands, or earache. Have your physician see your child at once. This often saves more serious illness.

**Cough.** Some children have a cough with even the slightest cold and sometimes this cough "hangs on" indefinitely, if neglected.

**Vomiting or diarrhea** that does not stop immediately with diet regulation.

**Constipation** that is not easily corrected by diet regulation and especially increased drinking of water and fruit juices.

**Fever**, always.

***Skin eruption.*** Your child may be coming down with one of the so-called children's diseases or may be having some disturbance from food or from external irritation. In any case it is safer to find out immediately the cause of any eruption.

***Leg ache.*** This may be a symptom of rheumatism. Children do not have "growing pains," so-called, without some cause and it is very important to find out if there is any condition needing medical care.

***Limp.*** If your child limps be sure that he is not suffering from shoes that hurt. See if he limps when going barefoot. If you do not find the cause consult your physician.

***Eyes and Ears.*** Any symptoms of trouble with eyes or ears, or of vision or hearing should, of course, be reported promptly. (See pages 11, 12). Discharge from the eyes or ears means infection and should have medical care at once.

***Loss of weight or failure to gain weight.*** Do not worry the child by talking about this before him but talk it over with your physician. Very often the child is not getting enough sleep and rest; or the diet and eating habits may not be right for his age and activities.

***Overweight.*** If a child gains a great deal and becomes very stout you will need medical advice, as the diet should be carefully regulated in such cases and your physician may find it necessary to give special treatment to help control overweight.

***Injuries.*** If your child has a hard fall, enough so there is a severe bruise, swelling, bleeding or pain, have your physician examine him to make sure there has been no serious injury.

***Nosebleed,*** that occurs frequently or persists, needs medical attention.

**PAIN WHICH PERSISTS,** whether headache, pain in the stomach, abdomen, chest, or elsewhere should receive prompt attention.

The following are some of the common symptoms that parents, nurses and physicians observe in young children which, if recognized early as signals for help and promptly attended to, can often be prevented from developing into serious illness or handicapping defects.



# COMMUNICABLE DISEASES

Disease	How Spread	How long from exposure to onset	Common early symptoms	Special methods for treatment or prevention or modification	How long communicable	How serious	Complications
Chicken pox	Material from skin eruptions or from lesions in mouth or nose of infected person	2 to 3 weeks.	Skin eruption with fever.		Until skin and mucous membranes are free from scabs.	Not serious. Easily confused with smallpox.	Very rare.
Diphtheria	Discharges from nose and throat or from other infected surfaces of the patient or carrier. Infected milk.	2 to 5 days; occasionally longer.	Sore throat, croup, hoarseness or fever.	Treatment with antitoxin. Prevention with toxin-antitoxin or toxoid.	Until organisms disappear from secretions or lesions of patient (or throat of carrier).	Very serious if not treated early.	Common, if treatment is delayed: Heart trouble Paralysis Respiratory obstruction.
German measles	Discharges from nose and throat of infected person.	14 to 21 days.	Rash, slight swelling of glands at back of neck.		8 days from onset.	Not serious.	Very rare.

Gonococcus infection	Discharges from lesions of infected person.	1 to 8 days; usually 3 to 5 days; often unknown.	Discharge from eyes or vagina.	Certain medicines.	As long as inflammation, discharge or the germ persists.	Very serious.	Not common in children.
Infantile paralysis (poliomyelitis)	Discharges from nose and throat of infected person or carrier. Rarely infected milk.	Uncertain. Believed to be 3 to 10 days; commonly 6 days.	Fever, fretfulness, vomiting; pain or stiffness of back or extremities; weakness.		About 2 weeks after onset of disease.	Very serious.	Common: Paralysis of various parts of body.
Measles	Discharges from mouth and nose of infected person.	10 to 15 days.	Fever, cough, watery eyes, running nose, rash.	Prevention or modification with placental extract, serum or whole blood from anyone who is recovering from disease or who has had it at any time.	Until abnormal secretions (catarrhal symptoms) cease. Minimum period 9 days from onset (4 days before to 5 days after appearance of rash).	Serious, especially in children under 3 years.	Common: Ear infections. Pneumonia.

# COMMUNICABLE DISEASES

Disease	How Spread	How long from exposure to onset	Common early symptoms	Special methods for treatment or prevention or modification	How long communicable	How serious	Complications
Meningitis (meningococcus), epidemic.	Discharges from nose and throat of infected person or of carrier.	2 to 10 days; commonly 7.	Headache, fever, vomiting, pain or stiffness on bending neck forward.	Treatment with serum.	Variable. While symptoms last and until organisms disappear from mouth or nasal secretions.	Very serious.	Common, if treatment is delayed; Deafness Eye disorders.
Mumps	Discharges from nose and throat of infected person.	12 to 26 days; usually 18 days.	Swelling under jaw or in front of ear.		Until parotid gland is normal in size (until swelling has entirely disappeared).	Not serious in young children.	Rather rare in young children.
Scarlet fever	Discharges from nose, throat, ears, abscesses. wounds of infected person or carrier. Infected milk.	2 to 7 days; usually 3 to 4 days.	Vomiting, fever, sore throat, and rash.	Immunization with Dick toxin. Treatment with serum in selected cases.	At least 3 weeks from onset and thereafter until child is free from any abnormal discharge or open sores.	May be serious.	Common: Swollen glands Ear infections Nephritis.



Septic sore throat	Milk from cow with infected udder or milk that has been contaminated by infected person.	1 to 3 days.	Sore throat, fever, prostration.	Probably during disease and during carrier stage.	Serious.	Occasional; Varied septic complications.
Smallpox	Material from skin and mucous membrane lesions of infected person.	8 to 16 days; occasionally as long as 21 days.	Fever, headache, backache, skin eruption.	From first symptoms to disappearance of all scabs.	May be very serious.	Bronchitis Pneumonia Ear infections.
Syphilis, congenital	Acquired before birth.		In infancy, snuffles, skin eruptions; later eye troubles, deafness, bone disease, mental defects (these may be the first sign of the disease).	As long as open lesions exist on skin or mucous membranes.	Serious.	Not common if treated early and adequately.
Tuberculosis, pulmonary	Discharges from throat or lungs (spray or sputum) of infected person.	Variable.	Fever, cough, fatigue, failure to gain weight or loss of weight.	Until lesions are healed.	Very serious.	Other forms of tuberculosis.

# COMMUNICABLE DISEASES

Disease	How Spread	How long from exposure to onset	Common early symptoms	Special methods for treatment or prevention or modification	How long communicable	How serious	Complications
Tuberculosis, extra-pulmonary	Discharges from mouth, nose, bowels, bones or glands, or genito-urinary tract of infected person. Milk from infected cattle.	Variable.	Very varied, depending on site of lesion.		Until lesions are healed.	Serious.	Other forms of tuberculosis.
Typhoid fever	Stool or urine of infected person or carrier. Contaminated milk, food, water, shell-fish, flies.	4 to 23 days; usually 10 to 14 days.	Fever, headache, listlessness.	Prevention with vaccine.	During disease until stools and urine are consistently negative for typhoid germs.	Serious.	Hemorrhage Peritonitis.
Whooping cough	Discharges from nose and throat of infected person.	Commonly 7 days, usually within 10 days.	Cold, cough. Typical whoop begins about 10 to 14 days after onset of disease.	Inoculation for prevention recommended by some authorities. Not effective in all cases.	About 4 to 5 weeks from onset. Most communicable in early catarrhal stage—7 to 14 days.	In infants and young children serious.	Common: Pneumonia and nutritional disturbances.



# INDEX

	Page		Page
Accidents, Prevention of	16	Malnutrition	9
Activities of average healthy child	3	Masturbation	13
Adenoids	11	Meals	19, 20, 21, 22, 23, 24
Anemia	10	Measles	7, 37
Baths, daily	29	German	36
Bed wetting	15	Meat, preparation of	23
Books for parents	Inside front cover	Meningitis (meningococcus), epidemic	38
Burns	17	Nap	30
Care of the sick child	33	Nose	10
Cereals, preparation of	23	Nosebleed	35
Chicken pox	36	Nutrition	19
Circumcision	13	Obedience	5
Cleanliness	6	Pacifier	28
Clothing	30	Pain which persists	35
Clubfoot	13	Paint, Danger of poisoning from	16
Cod liver oil	10, 22, 25	Paralysis, Infantile	37
Colds	7, 34	Personality, Building	4
Communicable diseases (table)	36	Plants, poisonous	19
Constipation	14, 34	Play and playthings	32
Cooking	23	Poisoning	16
Cough	34	Poisonous plants	19
Cross eye	11	Posture	13
Daily care of the child	29	Powders, Toilet	17
Daily foods	21	Rest and sleep	30
Dangerous articles	17	Rickets	9
Deafness	12	Rupture or hernia	14
Defects	6, 9, 10	Scarlet fever	7, 38
Desserts, preparation of	24	Scurvy	9
Development, Growth and	1	Self-reliance	5
Diarrhea	34	Septic sore throat	39
Diphtheria	6, 36	Shoes	31
Diseases, communicable	36	Sick child, care of the	33
Prevention	6	Skin eruptions	35
Dog bite	19	Sleep and rest	30
Ears	12, 35	Smallpox	6, 39
Eggs, preparation of	23	Squint	11
Enuresis	15	Stockings	31
Examination, dental	8	Strange persons	18
Medical	8	Styes	11
Eyes	11, 35	Sun baths	29
Falls	17	Sunstroke	19
Fats	24	Swimming	18
Feeding	19, 20, 23, 24	Symptoms that should be reported	34
Feet	13	Syphilis, Congenital	39
Fever	34	Teeth	25
Firearms and fireworks	18	Temper tantrums	4
Fruit	23	Temperature, taking of	33
Genitals	12, 13	Throat	10-11
German measles	36	Thumb sucking	15
Gonococcus infection	37	Toilet powders	17
Growth and development	1	Tonsils	11
Habits	4, 13, 19, 30	Toys	18, 32
Hearing defects	12, 35	Travel	18
Heart	12	Tuberculosis	7, 39, 40
Height	3	Typhoid fever	40
Hernia or rupture	14	Vaccination	7, 39
Honesty	5	Vegetables, preparation of	23
Immunization	6	Vision defects	11, 35
Infantile paralysis	37	Vomiting	34
Injuries	35	Weight	35
Leg ache	35	Whooping cough	7, 40
Limp	35		
Lungs	12		



